

Streamlining communication between nursing staff and medical teams regarding patients who are ‘medical outliers’

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Introduction

Due to rising demands, hospital beds have become a valuable commodity, no more so than acute medical beds. As a result, patients being admitted under medical specialties may be moved to a non-medical (frequently surgical) ward, becoming a ‘medical outlier’.

Although postulated that these patients have increased inpatient mortality, this has not been proven. However, there is evidence that medical outliers have longer lengths of stay.¹

At the Queen Elizabeth Hospital in Birmingham, medical outliers are allocated to multiple medical consultants in an attempt to distribute the workload evenly. There is a designated Band 7 nurse who coordinates medical outliers to ensure each outlying patient has a named consultant.

Despite this pathway, confusion often arises when nursing staff need to contact junior doctors for the corresponding consultant between 9am–5pm. As a result, the on-call team is often contacted regarding these patients. Although the on-call team would be involved in the care of the all medical patients out of hours, they are not involved in the care of medical outlying patients between 9am–5pm Monday to Friday.

Methods

Over a 2-week period the number of calls between 9am–5pm (Monday to Friday) to the on-call medical team (registrar, senior house officer and foundation year 1 doctor) regarding medical outlying patients were monitored. We also surveyed 30 members of the nursing staff who work on non-medical wards regarding their understanding of who to contact regarding medical outliers when requiring medical input.

A previous piece of work completed in 2017 resulted in posters providing information regarding the medical outlier coordinators role. In 2017 these were placed at each nursing station on all non-medical wards. A count of how many of these posters were still present was also completed.

Results and proposed intervention

Over the 10-day period there were 50 calls to the on-call team between the hours of 9am–5pm regarding medical outliers (range 3–8/day).

Nursing survey data and number of existing posters: currently being collected.

Although the survey and poster data remains outstanding, there are two proposed interventions to streamline the process.

- > Production and distribution of updated poster detailing who and when to contact regarding outlying patients: to include bleep numbers for the junior doctors.
- > Meeting with switchboard managers asking that they triage those calls coming through switch for the medical on-call team and redirecting calls regarding outlying patients between 9am–5pm to the designated coordinator.

Conclusion

Our initial survey data indicates frustration amongst nursing staff regarding contacting doctors caring for medical outliers. The aim of this study was to improve the awareness of the medical outlier nursing coordinator, in addition to ensuring nurses are aware which medical team they should contact and how. Consequently this will reduce the number of inappropriate calls to the on-call team in normal working hours. ■

Reference

- 1 Stylianou N, Fackrell R, Vasilakis C. Are medical outliers associated with worse patient outcomes? A retrospective study within a regional NHS hospital using routine data. *BMJ Open* 2017:e015676.

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